Dear MWIB Reader:

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Signature Greg B. Vere Date 6/1/92

We are a: (check the appropriate box or boxes)

- ☐ Minority-owned business
- ☐ Woman-owned business
- ☐ Majority-owned business

What is the primary business at this location? (check only one)

- ☑ Communications (advertising, media, public relations, etc.)
- ☐ Manufacturing
- ☐ Construction
- ☐ Agriculture
- ☐ Financial services (including banking, insurance and real estate)
- ☐ Retail trade
- ☐ Service provider (please specify) _____
- ☐ Utility
- ☐ Government/Non-profit agency/organization
- ☐ Other (please specify) _____

What is your primary function? (check only one)

- ☐ Owner/President
- ☐ Corporate/Financial management
- ☐ Operating management (manager/supervisor/dept. head)
- ☐ Purchasing (director/manager/agent/buyer)
- ☑ Sales/Marketing (director/manager of advertising, communications, marketing, promotion or sales)
- ☐ Professionals (physician, lawyer, C.P.A., dentist etc.)
- ☐ Other title (please specify) _____

PLEASE PRINT OR TYPE

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